

# **DRAFT 2013 Substance Abuse Prevention and Treatment Block Grant Briefing for Comments**

## **Background**

Federal law requires that each state submit an application for their allocation of federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds annually. The SAPTBG is one of the primary funders of both primary substance abuse prevention activities and treatment services for public sector clients in the state of Wisconsin. The federal requirements for submission of the block grant include that states need to consult with the Tribal nations on the Block Grant Plan. In addition, the Division seeks and receives general public comment.

## **Funding Levels**

The Substance Abuse Prevention and Treatment Block Grant application for FFY 2013 is due to Center for Substance Abuse Treatment (CSAT) on October 1, 2012. Although the federal 2013 Budget has not yet been passed by Congress, CSAT has instructed the Division of Mental Health and Substance Abuse Services to assume the same level of funding in FFY 2013, as Wisconsin's final allocation received in FFY 2012, **\$27,880,736. However, this amount will not likely be the final award for Wisconsin.** If the federal budget negotiations reach an impasse on the overall federal budget plan to meet the Federal Budget targets set in the last federal budget, the automatic sequestration of federal funds is estimated to cut an additional 8% from this amount.

## **Current Federal Requirements**

There are federal parameters on the use of the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) as noted below:

- States must expend no less than 20% on primary prevention.
- States must expend no less than 5% on treatment services for pregnant women and women with dependent children.
- State can only use 5 percent of the grant for administrative purposes (i.e. processing of contracts and payments and agency indirect costs) with respect to the grant. A portion of the block grant is used for program development activities beyond the 5 percent administrative amount (i.e., staff salaries to implement the federal required program development and quality improvement activities) as established in the State Biennial Budget.
- The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services. Further, all entities that serve women and who receive block grant funds must provide preference in the following order:
  - To pregnant injecting drug users first.
  - To other pregnant substance abusers second.
  - To other injecting drug users third.
- Grant funds shall not be used to provide inpatient hospital services unless the safety of the patient is in jeopardy.

- Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for substance abuse and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program).
- Grant funds shall not be used to make cash payments to intended recipients of health services.
- Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition.
- Grant funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
- Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor.
- Grant funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
- Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.
- No funds provided directly from SAMHSA or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization.

### **Federal Instructions and Changes for 2013 SAPTBG**

SAMHSA significantly changed both the format and material requested in the 2012-2013 SAPTBG application. The eventual goal is moving towards a combined application with the Community Mental Health Block Grant (not required yet for 2013) with more comprehensive state needs assessment requirements, a listing of state priorities and objectives based on the needs assessment.

### **SAMHSA Eight Key Priorities for States to Address:**

States have been asked to develop block grant priorities that link with SAMHSA's key priorities as it establishes its block grant plan. Currently, mental health, substance abuse, and primary care are, in most cases are separate and distinct services. Yet, a large portion of individuals presenting for care have need for services in all three systems. SAMHSA's goal is to integrate these services in ways that preserve the strengths and contribution of each system yet bring them together in an integrated manner that best serves individuals in their communities.

1. Prevention of Substance Abuse & Mental Illness
2. Trauma & Justice

3. Military Families
4. Recovery Support
5. Health Reform Planning for the Affordable Care Act
6. Health Information Technology
7. Data, Outcomes, & Quality
8. Public Awareness and Support

### Wisconsin Priorities for 2012-2013 SAPTBG

The Wisconsin 2012- 2013 SAPTBG includes the following required elements: assessment of the state's strengths and needs; identify unmet needs and gaps; and a list of the state's priorities for planning and system improvement activities.

The priorities listed below focus on all age groups and other important populations, reach across systems, and work toward a good and modern health care system:

2012-2013 SAPTBG and State Priorities	
1	Increase substance use disorders treatment effectiveness and efficiency through quality improvement with a focus on recovery oriented system of care and self-directed care. (STATE ONLY PRIORITY)
2	Reduce the prevalence of underage drinking, adult binge drinking*, binge drinking among women of childbearing age, drinking among pregnant women, alcohol-related motor vehicle injuries and fatalities, and drug-related deaths.
3	Increase access to culturally appropriate and comprehensive services for special populations including but not limited to underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use such as age-specific populations, Hispanic/Latinos, Native Hawaiian or Pacific Islander, LGBTQ, African Americans, American Indian or Alaska Native, military families, women with dependent children, pregnant women and individuals in the criminal justice system.
4	Reduce the non-medical use of prescription pain relievers by promoting and collaborating in the implementation of a prescription drug monitoring program. (STATE ONLY PRIORITY)
5	Increase access to treatment through educational efforts (street teams) reaching injecting drug users; realign existing funding to have increased emphasis on prevention and early intervention; increase training to strengthen education efforts; promote collaborations among intravenous drug use (IVDU) treatment services and people involved or at risk of involvement in the criminal and juvenile justice systems.
6	Improve statewide outcome data collection system (HSRS) through technical improvements and training at the local level; improve collection of behavioral health and "systems improvement" data from counties and tribes throughout Wisconsin.
7	Reduce youth access to tobacco products at retail outlets; and reduce tobacco use disparities for individuals with mental health and substance use disorders.
8	Assure all certified AODA Treatment agencies in Wisconsin will be compliant with Wisconsin TB information and referral policies, applicable Wisconsin Administrative Code sections, DHS 75(11)(f). The service providers will provide patients with information concerning communicable diseases, such as sexually transmitted diseases (STDs), hepatitis

	B, tuberculosis (TB), and human immunodeficiency virus (HIV), and shall refer all patients with communicable disease for treatment when appropriate.
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\*Binge drinking for males means having 5 or more drinks on an occasion of drinking; for females it is 4 or more drinks. A male who has 5 drinks in a three-hour period will have a blood alcohol concentration of .05 (.07 within two hours); a female who has 4 drinks in a three-hour period of time will have a BAC of .05 (.08 within two hours). At a BAC of just .02, experiments have demonstrated that people experience some impaired judgment, decreased reaction time, a decline in their visual ability to track a moving object, and a reduced ability to perform two tasks at the same time. At the .05 BAC level, people begin to exhibit more risk-taking behavior, drowsiness, loss of small-muscle control, loss of coordination, more impaired judgment and more impaired reaction time.

### **Proposed 2013 SAPTBG Allocation for Review and Comment**

The following is the proposed allocation to be included in the 2013 SAPTBG which is based on the State Budget and the state priorities. There are state statutory requirements for the disbursement of the SAPTBG funding. The specific state statute references that guide the distribution of funding are included in the funding allocation below:

#### **1. \$9,735,700 Community Aids Formula - s. 46.40(2m)(a)\***

This allocation is the SAPTBG contribution to the basic county allocation and is a formula driven disbursement. Counties are required to spend at least 20% on primary prevention, 10% on treatment services for women and/or women with dependent children, and 70% for substance abuse treatment and other ancillary services.

#### **2. \$2,156,900 State Operations and Administrative Costs - ss. 20.437(5)(mc)**

Division of Mental Health and Substance Abuse Services staff and other Department staff (18.37 FTE) are funding through the SAPTBG. Staff plan services, serve as contract administrators, provide technical assistance, prepare state and federal grant related reports, and offer guidance to substance abuse prevention, treatment, and recovery organizations throughout the state. These funds also cover the administrative costs associated with the State Council on Alcohol and Other Drug Abuse, staff development training, travel reimbursement, equipment, accounting, Human Services Reporting System (HSRS) and Substance Abuse Services Prevention Information System (SAPSIS) data collection, the indirect costs and internal services within the Department.

#### **3. \$1,349,200 Department of Corrections – 1987 Act 339**

These grant funds provide treatment resources for individuals involved in the criminal justice system that have a substance use disorder. The Department of Corrections receives funds to support institution and community based services to both the adult and juvenile corrections populations.

#### **4. \$3,290,100 Department of Children and Families – s. 48.561(3)(a)2, s. 48.545**

These funds provide substance abuse prevention and treatment resources to the Bureau of Milwaukee Child Welfare at \$1,583,000 to serve participants in their Safety Services program. The SAPTBG also funds the Brighter Futures Initiative at \$1,707,100 for grants to counties that promote healthy families and youth by preventing and reducing the incidence of youth alcohol and other drug use and abuse.

#### **5. \$3,595,300 Women’s AODA Initiatives – s. 46.86, s. 46.55(3m)**

These grants provide specialty treatment services, screening, and technical assistance to women specific providers. The priority populations are pregnant women and women with dependent children. Included in this initiative are family centered treatment grants in urban and rural areas of the state and supplemental funding for child care services.

**6. \$1,340,000      Juvenile Justice Treatment Grants – s. 48.547(2)**

The purpose of the program is to develop intake and court procedures that screen, assess and give new dispositional alternatives for children and adolescents with needs and problems related to the use of alcohol beverages, controlled substances, or controlled substance analogs that come within the jurisdiction of a court assigned to exercise jurisdiction.

**7. \$1,562,100      Primary Prevention Initiatives – s. 46.71, s.252.12(2)(c), s. 46.49(1)**

These grants finance evidence based alcohol and other drug abuse primary prevention activities, technical assistance, and infrastructure development in all eleven Wisconsin Native American Indian Tribes, counties, and through the Office of Justice Assistance aimed at preventing alcohol and drug usage and drug related crimes. These funds also fund a program to prevent alcohol exposed pregnancies through screening, brief intervention, and referral to treatment. This initiative funds the *Parents Who Host, Lose the Most* campaign aimed at reducing underage drinking and educating adults on the consequences of purchasing alcohol beverages for minors.

**8. \$4,218,497      Other Treatment Related Grants – 1989 Act 31, s 46.65, s. 46.49(1),**

There are other treatment related grants that serve priority populations and key initiatives funded through the SAPTBG. This includes the intravenous drug use grants to counties with high rates of HIV and Hepatitis C for treatment and street outreach programs for injectable drug users. The treatment alternative program (TAP) provides substance abuse treatment services to offenders as an alternative to incarceration. The coordinated services team (CST) initiative serves families involved in multiple formal systems with complex needs. There is treatment funding to counties to use the evidence based Matrix model for the treatment of clients with methamphetamine addiction, funding to meet the unique treatment needs of African-Americans and Hispanic clients, and funding for adolescent treatment. Grants are also available for the Intoxicated Driver Program (IDP) enhancement for counties to use evidence based strategies to improve current service delivery. The strengthening treatment access and retention – state initiative (STAR-SI) quality improvement initiative provides technical assistance to counties and providers to improve agency efficiency.

**9. \$523,139      Consumer Advocacy and Coaching, Minority Counselor Training**

These funds offer broad range of services to build and mobilize strong grassroots recovery organizations across the state. Recovery Coaches are designed to assist individuals who were in primary treatment transition into the community. Peer recovery support services help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Training resources for the Comprehensive, Continuous Integrated System of Care (CCISC) for counties and Tribes to establish a co-occurring capable delivery system and for Integrated Dual Disorder Treatment (IDDT) training to better serve clients with severe persistent mental illness and substance use disorder is available for counties. Also included in this funding is the Minority Counselor Training Institute to offer staff development assistance by addressing a significant workforce shortage of minority counselors throughout the state.

**10. \$109,800                      Infrastructure Pilots**

These funds will be used to support the mental health/substance abuse infrastructure development request for proposal in priority areas for potential shared service/regional pilots programs. These may include pilot programs developing the delivery of core benefits through multi-county approaches, and/or a pilot that involves partnerships to develop collaborative, regional approaches to integrated care.

<b>SUMMARY PROPOSED SAPTBG FFY 2013 ALLOCATIONS</b>	
Community Aids	\$9,735,700
State Operations and Administration	\$2,156,900
Department of Corrections	\$1,349,200
Department of Children and Families	\$3,290,100
Women's AODA Initiatives	\$3,595,300
Juvenile Justice Treatment Grants	\$1,340,000
Primary Prevention Initiatives	\$1,562,100
Other Treatment Related Grants	\$4,218,497
Consumer Advocacy, Recovery Coaching, and Training	\$523,139
Infrastructure Pilots	\$109,800
<b>TOTAL FFY 2013 (October 1, 2012 – September 30, 2013)</b>	<b>\$27,880,736</b>